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THE ROYAL SANITARY INSTITUTE
LIBRARY

FOUNDED 1876.

INCORPORATED 1888.

BOOKS AND FORMS

USED IN A

PUBLIC HEALTH DEPARTMENT.

PREPARED FOR THE USE OF STUDENTS.

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Secretary:
E. WHITE WALLIS, F.S.S.

Offices:
90, BUCKINGHAM PALACE ROAD, LONDON, S.W.

PRICE - - - ONE SHILLING.

March, 1922.

V/P 1922

HISTORICAL

BOOKS, REGISTERS AND FORMS SUITABLE FOR A PUBLIC HEALTH DEPARTMENT.

GENERAL OFFICE BOOKS.

1.—Office Diary for prospective appointments, meetings, etc., and for current notes.

2.—Letter Book, either on the manifold arrangement or for press-copying.

3.—Press Notice Book.*

4.—Complaint Book, which merely records complaints in the order received, and gives a reference to the pages of other books dealing with the matters complained of.

BOROUGH OF.....

No. of Complaint.	Date of Complaint.	Name and Address of Complainant.	Situation of Premises Complained of.	Nature of Complaint.	Date of Inspection.	Folio in Inspector's Report Book.	Inspector.	REMARKS.

5.—Inspection Note Book.—A single-paged note-book, containing notes of every inspection made (except house-to-house inspections and smoke observations, *vide* Nos. 8 and 12).

6.—Visit and Inspection Diary.

BOROUGH OF.....

Week ending ..... *19....*

No.	Premises Visited or Inspected.	Folio in Report Book.	ABATEMENT OF NUISANCES. Visits of Inspections.						NEW DRAINAGE. Visits of Inspections.						INFECTIOUS DISEASES. Visits of Inspections.						MISCELLANEOUS. Visits of Inspections						REMARKS.
			Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	

7.—House to House Inspection Note Book.—A form of Sanitary inventory used only on routine work. Its pages should have printed headings, and each page should be numbered for reference. The headings might be arranged to include the following:—

BOROUGH OF.....

Date of Inspection
Description and situation of premises
Occupier
Owner or Agent
No. of adult inmates — Children — Lodgers
No. and size of rooms — Living
Sleeping
Underground, and what for use
Overcrowding
Water supply
Sanitary conveniences
Dustbin or ashpit
Drainage of premises
Yard or area paving
General state of premises as to cleanliness
Animals kept
Dampness (eavespouts, &c.)
Any nuisance discovered

* All Notices should be printed in Copying Ink.

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8.—Sanitary Inspector's Report Book.—This is a large oblong office book into which all verified nuisances are entered and which forms "the continuous record" referred to in the Order of the Local Government Board.

BOROUGH OF.....

No.	Premises.	Occupier, Owner or Agent.	Nature of Nuisance.	Works required.	First Inspection. Date.	Preliminary Notice. Date.	Completed or Abated	Reported to Sanitary Authority. Date.	Statutory Notice. Date.	Expiry of time allowed.	Summons.	Hearing and Result.

9.—Committee Report Book is a foolscap book which retains a copy of every report made to the Authority (except as to nuisances, which of course appear in book 9). It requires no columns, though the pages may have an appropriate heading. Pages to be numbered for reference.

10.—Smoke Report Book.

BOROUGH OF.....

No.	Date of Observation.	Name of Occupier.	Situation of Premises.	Trade or Business carried on.	No. of Boilers, Fireplaces, or Furnaces.	Fuel used.	Smoke Prevention Appliances in use (if any).	Place of Observation.	Time of Observation.	Particulars of the Smoke Observation.			Total.		Date of Notices and time allowed.	Remarks.
										Black. M.	Mod. M.	None. M.	H.	M.		
										*	*	*				

* *These Observations should be by Scale No. or Tintometer.*

11.—Pocket Book used for Smoke Observations.

BOROUGH OF.....

Name of Firm — Folio in Report Book.
Description of works
Where situate
No. of observation
No. of boilers
Place of observation
Date of observation

Time.	Black.	Moderate.	None.	Total.		Longest Continuous Black Smoke.	Remarks.
	M.	M.	M.	H.	M.	M.	
	*	*	*				

* *These Observations should be by Scale No. or Tintometer.*

12.—Intimation or Preliminary Notice.

BOROUGH OF 19

TO THE OWNER AND TO THE OCCUPIER OF PREMISES SITUATE AND KNOWN AS

.....

.....

SIR OR MADAM,

Having visited the above premises, I find that the nuisances .....

.....

which are liable to be dealt with summarily, exist thereon.

If the above nuisances have not been abated within the period of ..... days, it will be my duty to report the matter to the Council as the Sanitary Authority for the Borough.

I am,

Your obedient Servant,

Sanitary Inspector.

The Sanitary Inspectors attend at the Town Hall daily from to a.m., when all enquiries respecting notices should be made.

No drain opened for repair or newly constructed is to be covered up until after the expiration of 48 hours' notice to the Sanitary Authority that the work of repair, etc., has been executed, and that the drain is ready for inspection and testing by the Sanitary Inspector.

13.—Statutory Notice.

BOROUGH OF .....

To .....

Take notice that under the provisions of the the being satisfied of the existence of a nuisance at arising from do hereby require you within from the service of this Notice to abate the same, and for that purpose to

If you make default in complying with the requisition of this Notice, or if the said nuisance, though abated, is likely to recur, a summons will be issued requiring your attendance to answer a complaint which will be made to a court of summary jurisdiction for enforcing the abatement of the nuisance and prohibiting a recurrence thereof, and for recovering the costs and penalties that may be incurred thereby.

Dated this day of 19

Signature of officer of Sanitary Authority.

14.—Prosecution Register.

BOROUGH OF .....

No.	Date of Hearing.	Defendant.	Offence.	Act, Section of Act, or By-law under which proceedings best taken.	Magistrate and Court.	Date of Adjournment (if any).	Fines.			Costs.			Total Penalties.			REMARKS.
							£	s.	d.	£	s.	d.	£	s.	d.	

15.—Notice of Offensive Accumulations.

BOROUGH OF.....

To.....

Of.....

I, the undersigned, being the Sanitary Inspector to the
of do hereby give you notice that it appears to me that
an accumulation of now deposited on your premises
ought to be removed.

I have to request you to be good enough to remove the same within forty-eight hours from the service of this notice, otherwise the matter referred to will be the property of the Sanitary Authority, and may be removed and disposed of by them at your expense.

I am, Your obedient servant,

16.—Inquiry Form in respect of Notified Diseases.

BOROUGH OF.....

Date of certificate Date the certificate was received
Name of patient Sex Age
Address
Description of disease
Date of onset
Source of infection (if ascertained)
Milk supply
Sanitary condition of house and surroundings
ISOLATION, home or hospital
Date of removal to hospital
School or workplace attended by the patient
„ „ „ „ other children in house (if any)
Name of Medical Attendant
Name of Officer making the inspection
General Remarks

This information should be carefully noted and afterwards entered in the Infectious Disease Register as follows:—

17.—Infectious Disease Register.

BOROUGH OF.....

No. of Case.	Date of Medical Certificate.	Date when Medical Certificate was received.	Name of Patient.	Age.	Sex.	Address.	Disease.	Date of Onset.	Source of Infection (if ascertained).	Milk supply.	Sanitary defects	Where case is isolated (home or hospital).	School attended by patient or by other children in same house.	If vaccinated (in case of Small Pox).	PARTICULARS OF DISINFECTION.				Name of Medical Practitioner reporting the case.	REMARKS.
															Date of disinfection.	No. of rooms cleansed.	No. of rooms fumigated.	No. of articles disinfected.		

18.—Disinfecting Register and Receipt Book.

BOROUGH OF .....

PUBLIC HEALTH DEPARTMENT.

Particulars of disinfection, &c., carried out at

Disease Where isolated, home or hospital

Date of disinfection

No. of rooms disinfected 19

Description and number of articles disinfected or destroyed :—

HOUSE LINEN.	No.
Beds (feather, flock, wool)	
Bed Vallance	
„ Covers	
„ Furniture (sets)	
Blankets	
Bolsters	
Box Covers	
Carpets	
Chair Bed Cushions	
Chair Covers	
Chair Backs	
Counterpanes	
Coverlets	
Cushions	
Curtain Tassels and Cords	
Dinner Napkins	
D'Oyleys	
Dusters	
Fish Napkins	
Glass Cloths	
Hearth Rugs	
Kitchen Cloths	
Knife Cloths	
Mattresses (horsehair, wool, straw, or spring)	
Mats	
Matting	
Palliasses	
Pillows	
Pillow and Bolster Cases	
Quilts	
Round Towels	
Rugs	
Sheets	
Sofa Squabs	
Table Cloths	
Toilet Covers	
Towels	
Tray Cloths	
Window Blinds	
Window Curtains	

GENTS'.	No.
Caps	
Coats	
Collars	
Cuffs	
Drawers	
Flannels	
Flannel Vests	
Hats	
Neck Ties	
Night Shirts	
Shirts	
Socks	
Suits of Clothes	
Trousers	
Ulsters	
Waistcoats	

LADIES'.	
Aprons	
Bodices	
Caps	
Chemises	
Cloaks	
Collars	
Corsets	
Cuffs	
Drawers	
Dresses	
Dress Bands	
Dressing Gowns	
Dress Material	
Fancy Needlework	
Flannel Petticoats	
„ Vests	
Jackets	
Muffs	
Night Dresses	
Petticoats	
Petticoat Bodices	
Sashes	
Shawls	
Skirts	
Sleeves	
Stockings	
Ties and Frills	
Trimmings	
Woollen Wraps	

CHILDREN'S.	No.
Boys' Knickers	
„ Jackets	
„ Suits	
Diapers	
Feeders	
Frocks	
Pelisses	
Pinafores	

OTHER ARTICLES.	
Boots	
Handkerchiefs	
Shoes	
Gloves	
Slippers	

19

This is to certify that the above is a correct inventory of the articles removed from for the purposes of disinfection, and I authorise you to destroy such articles as are mentioned in the column marked*.

Signed

19

This is to certify that I have received back in good condition all the articles enumerated in the above inventory, except those which I authorised you to destroy.

Signed

19.—Disinfector's Report.

BOROUGH OF.....

DISINFECTING STATION.

A return of the houses and articles of bedding and clothing disinfected after infectious diseases for the ending 19

Situation of Premises Disinfected.	Date of Disinfection.	Disinfection carried out.		Disease.	Date when Patient was removed to the Hospital.
		No. of Articles.	No. of Rooms.		

20.—Notification to Schools.

No.

To the Head Master.

School

Address

Name

Age

Disease

Date

No. MEMORANDUM.

From THE MEDICAL OFFICER OF HEALTH, Borough of

To THE HEAD MASTER, School

Address.	Name.	Age.	Disease.	Date of receipt of notification from Medical Practitioner.

In accordance with the requirements of the Public Health (London) Act, 1891, you are hereby notified that children from the above address are attending your School, and should be excluded.

Signed.....

Medical Officer of Health for the Borough of

Dated this day of 19

No.

To the Head Master,

School

Address

Name

Age

Disease

Date

No. MEMORANDUM.

From THE MEDICAL OFFICER OF HEALTH, Borough of

To THE HEAD MASTER, School

Address.	Name.	Age.	Disease.	Date of receipt of notification from Medical Practitioner.

You are hereby notified that the above-named premises have, this day, been disinfected by the officers of the Borough Council. Children from these premises should not be re-admitted to the School until after the expiration of.....days from this date.

Signed.....

Medical Officer of Health for the Borough of

Dated this day of 19

21.—Notification to Public Library.

BOROUGH OF.....

No. 19

Dear Sir,

NOTIFICATION OF INFECTIOUS DISEASES.

PUBLIC HEALTH (LONDON) ACT, 1891.

I am directed by the Sanitary Authority of this Borough to intimate to you that they have received notice of the existence on the premises named below of a disease of which, under Section 55 of the above Act, notification is directed to be given to the Metropolitan Asylums Board.

I am, yours faithfully,

To the Librarian, The Public Library.

Name of Patient.	Address.

22.—Inspection Book for Workshops.

BOROUGH OF.....

Date of Inspection.	Name of Occupier and Situation of Factory or Workshop.	Nature of Business.	No. of Workrooms.	Situation of Workrooms.	Cubical Contents of Workrooms.	Number of Workers.	Protected Persons employed.		Sanitary Accommodation.
							Women.	Young Persons.	

NOTE.—The right-hand side page of this book should be left blank to enable the officer to make calculations or sketches thereon.

23.—Outworkers and Contractor's Register.

BOROUGH OF.....

No.	Name in full. (1)	Whether employed as Workman (W) or Contractor (C). (2)	Class of Work (specify by means of index letters as above). (3)	Place of Employment, *i.e.*, place where the work is actually done. (4)	Address. [*No entry need be made in this column if the entry in column (4) is a sufficient address.*] (5)

24.—Workshop Register.

BOROUGH OF.....

No.	Date.	Name of Occupier and Situation of Factory or Workshop.	Nature of Business.	No of Workrooms.	Situation of Workrooms.	Cubical Contents of Workrooms.	No. of Workers allowed.	REMARKS.	Sanitary Accommodation.

25.—Register for Common Lodging-Houses.

BOROUGH OF.....

No.	Date of Registration.	Name of Keeper.	Situation of House registered	No. of Bedrooms set apart for Lodgers and registered.	Cubical contents of such Rooms.	No. of Lodgers allowed in each Room.

26.—Notice for Common Lodging-Houses.

BOROUGH OF.....

To.....

Of.....

WHEREAS, in pursuance of the statutory provision in that behalf, you have been duly registered by the Sanitary Authority for the district of as the keeper of a common lodging-house, situated at in the said district,

Now I, clerk to the said Sanitary Authority, do hereby give you notice, that, in the exercise of powers conferred upon them in that behalf, the said Sanitary Authority have fixed as the maximum number of lodgers authorised to be received at any one time into such house, and into the several rooms therein, the number specified in respect of such house and of each of such rooms in the Schedule hereunto appended.

SCHEDULE.

District of

Common lodging-house situated at

Name of keeper

The maximum number of lodgers authorised to be received at any one time into this house is

The maximum number of lodgers authorised to be received at any one time into each of the several rooms in this house is the number specified in respect of such room in the appropriate column of the following table:—

	Description or number of Rooms.	Dimensions or cubical contents of Rooms.	Maximum number of Lodgers.
Ground storey			
First storey			
Second storey			
Topmost storey			

For the purpose of this notice every two children under the age of *ten years* may be counted as one lodger.

Witness my hand this day of 19

Clerk to the Sanitary Authority.

27.—Register of Houses Let in Lodgings.

BOROUGH OF.....

Name and Address of landlord of the house

Name of street, court, or place where the house is situate, and number or name of the house

Number of water-closets in the house, and where each closet is situate

Total number of floors and of rooms in the house

Total number of rooms let in lodgings, or occupied by members of more than one family

Means of entrance.

Garden or Yard.

Date

Borough of Signature of the Landlord.

Number of Rooms. (Each room to be numbered from 1 upwards.)	Number of Lodgers in each Room.				Name of the Lessee of each room, and the amount of rent or charge per week payable by each Lessee.	Purpose for which each room is used. State whether for living, sleeping, or both, or for trade, if so for what trade.
	Men.	Women.	Children under 10 years	Total Statutory persons.*		
Basement—						
Front room						
Back room						
Ground floor—						
Front room						
Back room						
First floor—						
Front room						
Back room						
Second floor—						
Front room						
Back room						
Third floor—						
Front room						
Back room						
Additional rooms (if any)—						
TOTAL						

* *Two children under 10 years of age may be counted as one person.*

28.—Register of Cowsheds, Dairies, and Milkshops.

BOROUGH OF.....

No.	Date of Registration.	Name of Occupier.	Situation of premises registered.	Whether registered as cowkeeper, dairyman, or purveyor of milk.	REMARKS.

29.—Inspection Books for Cowsheds, Dairies, and Milkshops.

BOROUGH OF_____

Date of Inspection 19
Situation of premises inspected
Name of occupier
Name and address of owner or agent
Particulars of premises inspected:—
No. of cows kept
No. of cowsheds
No. of places used for storing milk
Dimensions and cubical contents of each cowshed:—
No. 1 No. 3 No. 5
No. 2 No. 4 No. 6
Average space per head of cattle
Remarks as to drainage
Remarks as to water supply
Remarks as to the ventilation, lighting, paving, &c., of the cowsheds
Superficial area of the windows (if any) in each of the cowsheds
General remarks:—

30.—Register of Slaughter-Houses.

BOROUGH OF_____

Folio

Date of Registration.	Date of Licence.	No. of Licence.	Christian name, surname, and address of Owner or Proprietor of Slaughter-house.	Christian name, surname, and address of Occupier of Slaughter house.	Situation of Slaughter-house.	Number of animals for which accommodation is provided on the premises.			
						Oxen.	Calves.	Sheep.	Pigs.

31.—Register of Offensive Trades.

No.	Name.	Situation.	Description.	When established.	Kind of Building.	Construction of floor and walls.	Water Supply.	Drainage.	Provision for Storage and removal of refuse.	Surroundings.	Remarks

32.—Form of Pocket Book used in inspection of Canal Boats.

Borough of .....

Date — Boat's name
No. — Registered at
Owner's name and address
Master's ditto
Is it a *Wide*, *Narrow*, or *Fly* boat?
Is registration marked *on stern*, or *on both sides?*
Was certificate produced?
Did it identify owner with boat?
No. of Adults registered for Aft — Fore
,, occupying Aft — Fore
Did any female over 12 years occupy?
Was partition separating sexes of wood?
When was cabin last painted?
State general conditions of cabin
Was ventilation efficient?
Was water vessel *Cask*, *Jug*, or *Tin Can* on board?
Was pump used every 24 hours?
If offensive cargo, were double bulkheads?
Was any occupant ill?
Remarks: Contraventions (if any) of the Acts or Regulations.

33.—Items for Sanitary Inspector's Periodical Report upon the Abatement of Nuisances and Infringement of By-laws.

Complaints received.
Houses and premises inspected.
Houses and premises re-inspected or visited.
Notices issued (intimations).
Notices issued (statutory).
Summonses taken out.
Summonses dismissed or withdrawn.
Convictions obtained.
Magistrates' orders.
Penalties—Fines.
Costs.
Matters dealt with.

Drains.
Constructed.
Repaired.
Ventilated.
Unstopped or cleansed.
Disconnecting traps fixed.
Old drains partially or wholly abolished.
cleansed and sealed off from sewer.
Gully-traps fixed.
Defective surface traps abolished.
Man-holes built.
,, repaired or cleansed.
,, covers fixed or repaired.
Fresh air inlets fixed or repaired.

WATER-CLOSETS.

Constructed.
Abolished.
Repaired.
Ventilation or light improved.
Limewhited or cleansed.
Traps ventilated.
Flushing apparatus fixed.
„ „ repaired.
Water supply provided.
W.C. apparatus fixed.
„ apparatus cleansed or repaired.

WASTE-PIPES.

Disconnected.
Trapped.
Ventilated.
Fixed, repaired or unstopped.

SOIL-PIPES.

Fixed.
Ventilated.
Repaired.
Abolished.
Removed from inside to outside of building.

WATER SUPPLY.

Provided.
Reinstated.
Disconnected from w.c. supply.
Certificates issued.

WATER SUPPLY—*con.*

Cisterns fixed.
„ repaired.
„ cleansed.
„ covered or covers repaired.
„ abolished.
Wells.

DUST-BINS.

Provided.
Repaired.
Ash-pits abolished.

MISCELLANEOUS.

Overcrowding abated.
Underground rooms closed as unfit for use as dwellings.
Houses closed under Housing Working Classes Act.
Houses closed under Public Health Act.
House roofs repaired.
Light or ventilation of buildings improved.
Floors or staircases repaired.
Premises cleansed or limewhited.
Yard, area, or passage surfaces paved or repaired.
Offensive accumulations removed.
Keeping of animals discontinued.
Dung receptacles provided.
„ „ repaired.
Dung-pits abolished.
Smoke observations taken.
„ nuisances reported.

34.—Other Matters dealt with in Sanitary Inspector's Report.

INFECTIOUS DISEASES AND DISINFECTION.

Infectious cases reported.
Certificates of infectious cases sent to school teachers.
Ditto after disinfection.
Houses in which infectious disease occurred.
Visits made to infected houses.
Patients removed to the hospital.
Houses disinfected.
Rooms disinfected.
Articles of clothing, bedding, &c., disinfected.

COMMON LODGING-HOUSES.

Number of houses registered in the borough.
„ lodgers registered for.
„ visits by night.
„ „ day.
„ lodgers reported as being received.

HOUSES LET IN LODGINGS.

Number of houses registered in the borough.
„ lodgers registered for.
„ visits by day.

INSPECTION OF SCHOOLS.

Number of schools examined.
" " found clean.
" " " dirty.
" " disinfected or cleansed.
" notices issued to cleanse, &c.

CANAL BOATS.

Number of canal boats registered.
" applications for registration.
" " granted.
" inspections made.
" contraventions of regulations.
" notices issued.

MARKETS AND SLAUGHTER-HOUSES.

Number of licensed slaughter-houses.
" visits to ditto.
" seizures of unsound food.

WORKSHOPS.

Number of workshops on register.
" visits made to workshops.
" notices issued *re* limewhiting.
" " " " overcrowding.
" " " " sanitary defects.

COWSHEDS.

Number of cowsheds on register.
" applications for registration as cowkeepers.
" visits made to cowsheds.
" notices issued *re* limewhiting, &c.

DAIRIES AND MILKSHOPS.

Number of purveyors of milk and dairymen on register.
" applications for registration as purveyors of milk or dairymen.
" visits made to milkshops and dairies.
" notices issued *re* limewhiting, &c.

35.—Register of Food and Drugs purchased.

BOROUGH OF_____

No.	Description of Article.	Vendor's Name and address.	Date and time of Purchase.	Amount paid for sample.	Date when sample was delivered to Analyst.	Result of Analysis.	Action taken and Result.

36.—Pocket Book used under the Sale of Food and Drugs Acts.

BOROUGH OF_____

No. of sample
Name and address of vendor or agent
Date delivered to analyst
Price paid
Date of purchase
Description of article purchased
Quantity purchased

Remarks:—

(*Inspector*).

37.—Label for Food and Drug Samples.

BOROUGH OF_____

No. of sample
Description of article
Date of purchase

(*Inspector*).

38.—House Visitation Card.

BOROUGH OF _____

Date of visits _____

Address of Premises _____

Name of tenant _____ Period of residence _____

Accommodation:—No. of rooms _____ Size of bedrooms _____

„ „ family _____

„ under 5 years of age _____

Condition of premises:—Dampness? _____ Ventilation? _____

Dirt? _____ Any overcrowding? _____

Dilapidation? _____ Dustbin? _____

Condition of mother _____

Condition of children _____

Provision for storing food _____

Nature of action desirable _____

_____

Signature of Health Visitor.

39.—Birth Enquiry Card.

BOROUGH OF _____

Address _____

Date of visit _____ Name _____ Dr. or Midwife _____

Date of Birth _____ Occupation of Father _____ of Mother _____

Sex _____ State of Premises _____

Baby Insured? _____ Milk supply _____ if boiled _____

How fed _____ At what intervals _____ Kind of bottle _____

How milk protected _____ Is Baby thriving? _____

Does Baby sleep with mother? _____ Any improper food _____

How often bathed _____ How often taken out _____

No. of R.	No. of T.	Pop. in Tenant. *10/P	Pop. in Tenant. †P/10	No. of Bedrooms	Subseq. Visits	Dates Instructions Carried out? Infant well?

Remarks _____

_____

Health Visitor

* Persons under 10. † Persons over 10.

OTHER CHILDREN OF MOTHER OR FOSTER MOTHER DEAD :—

Name.	Age at Death.	Cause of Death.	Remarks.

INFANT DEATH ENQUIRY.

Date of death

Cause Age

Dr. How long ill?

Child under care of Mother from birth?

If Nurse, is Foster Mother registered?

Any deviation from regimé recorded on other side of card

40.—Notification of Births Act, 1907.

BOROUGH OF

SUMMARY OF THE PROVISIONS OF SECTION ONE.

The "duty" of notifying a birth to the Medical Officer of Health devolves, in the first instance, upon the father of the child, if he be living in the house at the time of the occurrence of the birth; and if not, then upon "any person in attendance upon the mother at the time of, or within six hours after, the birth." The notice must be "given by posting a prepaid letter or prepaid postcard . . . within thirty-six hours after the birth;" or by delivering a "written notice of the birth at the office or residence of the Medical Officer within the same time." The notification is in addition to, and not in substitution for, the requirements of any Act "relating to the registration of births," and it applies to any child born "after the expiration of the twenty-eighth week of pregnancy, whether alive or dead." Liability to a penalty not exceeding twenty shillings is incurred by any person who fails to give notice of a birth in accordance with the Act.

No.

I hereby give you notice of the birth of a live (or stillborn) child* at:—

(Address)

Surname of Child

Sex Date of Birth

Father's occupation

Name of person giving the Notice

[Please state whether:—Father or Doctor

or Midwife or other Person]

Address

Date of Notice

*This notice applies to any child born "after the expiration of the 28th week of pregnancy, *whether alive or dead.*"

41.—House Inspection Register under the Housing, Town Planning, &c., 1909.

Inspection No. Date of Inspection Inspector

Situation of Premises Commencement of Tenancy

Name and Address of Owner

Name of Occupier

		Lodgers.	Lodgers.
No. of Rooms	Living		
	Sleeping		
No. of Inmates	Over 14 years		
	Under 14 years		

Type of House Is any trade or business carried on?

Is space sufficient for light and circulation of air?

CONDITION OF PREMISES GENERALLY, *e.g.*, Repair

Dampness

Cleanliness

Lighting of living rooms

Overcrowding

Ventilation

Food store

Water supply

Refuse receptacle

Condition of Yard

Approximate air space at rear of premises

Drainage

If there is a Basement Sleeping Room, give detailed description of same

If Tenancy commenced after 3rd December, 1909, state if any work is necessary to fulfil the Landlord's implied contract to keep the House "in all respects reasonably fit for habitation."

Date of Report to and directions given by the Local Authority

References to Report Book

Index References to previous Inspections—H.T.P. Register

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